		_								
	Connecticut I	Department of	Public H	ealth l	Drink	ing W	ater Se	ection		
	Water	Quality Monit	oring and	l Com	plianc	e Sch	edule			
PWS ID	PWS Name				Classification Population Owner Type Primary					
CT007001	.4 BERLIN BOWLING CEN	ITER			NC		25	Р	GW	
Local Add	ress (where applicable)		Service	Residenti	al Comm	nercial I	ndustrial	Combined	Agricultural	
1782 BERI	LIN TURNPIKE		Connections		1	1				
Towns Sei	rved: BERLIN									
		Monito	oring Requ	iremen	ts					
Water Sy	stem Facility: DISTRIBUT	ION SYSTEM (WSF II	D: 00600)							
Total Co	liform (3100)						1 ro	utine (RT)	per quarter	
Samj	pling Point (Sampling Point I	D)	ı	Monitorin	g Period	Collect	tion Period	Compli	iance Status	
Selec	ct from Inventory of Active Sa	mpling Points	1	0/1/18 - 1	2/31/18			Co	mplete	
				1/1/19 - 3	3/31/19			Co	mplete	
				4/1/19 - 6	5/30/19					
				7/1/19 - 9	/30/19					
Physical	Parameters (PPS)						1 ro	utine (RT)	per quarter	
Samj	pling Point (Sampling Point I	D)	ı	Monitorin	g Period	Collect	Collection Period Complian			
Selec	ct from Inventory of Active Sa	mpling Points	1	0/1/18 - 1	.2/31/18			Co	mplete	
				1/1/19 - 3	3/31/19			Co	mplete	
				4/1/19 - 6	5/30/19					
				7/1/19 - 9	/30/19					
Water Sy	stem Facility: ENTRY PO	NT (WSF ID: 00700)								
	And Nitrite (NOX)						1	=	RT) per year	
Samj	pling Point (Sampling Point I	D)		Monitorin	nitoring Period Collection Period Compliance Statu				ance Status	
ENTF	RY POINT (3)			1/1/18 - 1					mplete	
				1/1/19 - 1	-			Co	mplete	
				1/1/20 - 1						
	Wa	ter System Facili	ty and San	npling F	Point Ir	nvento	ry			
Water						Total	Lead and			
	Water System Facility	Sampling Point		t		Coliform			Stage	
Facility ID		ID	Description		Status		Rule Tier	Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ				
		DOWNSTREAM			Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
20130	WELL	2	WELL		Α					
59336	HYDROPNEUMATIC TANK									
		Con	tact Inforn	nation						
Name		Or	ganization					Job Title		
Mr. Charl	es W. Lanza	La	nza Developme	ent LLC		Ov	vner			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

City

Wolcott

Emergency Phone Email Address

State

СТ

Zip Code

06716

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

27 Homewood Place

Business Phone

860-828-4131

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water quarty month	u doll	ipiianee i	Jeneau			
PWS ID PWS Name C					Population	Owner Type	Primary Source
CT0070014	BERLIN BOWLING CENTER	NC	25	Р	GW		
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
1782 BERLIN TU	JRNPIKE	Connections		1			
Towns Served:	BERLIN						

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0070154	SVEA SOCIAL CLUB				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
999 KENSINGTON ROAD		Connections			1			

Towns Served: BERLIN

Monitoring Red	quirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		

Water System Facility:	ENTRY POINT	(WSF ID: 00700)
------------------------	--------------------	-----------------

Nitrate And Nitrite (NOX)	1 re	outine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

7/1/19 - 9/30/19

Other Compliance Schedules

Compliance Schedule Activity Due Date Achieved Date 4/12/2019 RESPOND TO SANITARY SURVEY

Water System Facility and Sampling Point Inventory

Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
55105	WELL 2	2	WELL 2	Α					
55107	BI VUUEB TVVIK								

55107 BLADDER TANK

Contact	. IIIIOIIIIatioii
Organia	ration

Name				Organization	1	Job Title			
Mr. Christopher Di	rga	Svea Social C	Club Inc	President					
Mailing Address Line One Mailing Add				ress Line Two		City	State	Zip Code	
201 Hammerhill Rd						Rocky H	ocky Hill CT 0		
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address			
860-828-9447									

Contact Role(s): Administrative Contact, Legal Contact, Owner

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	Connecticut Department of Public Health Drinking Water Section											
	Wate	r Qua	lity Mon	itoring	an	d Con	plia	ance S	Schedul	e		
PWS ID	PWS Name			Classi	fication	Population	Owner Type	Pri	mary Source			
CT0070154	SVEA SOCIAL CLUB			1	NC	25	Р		GW			
Local Address (where applicable)				Service		Residen	tial Co	ommerci	ial Industri	al Combine	ed	Agricultural
999 KENSINGTON	I ROAD			Connecti	ions			1				
Towns Served: BE	RLIN			•					,	, ,		
Name				Organization Job Title								
Svea Social Club												
Mailing Address I	ine One		Mailing Add	ess Line Two	ess Line Two				City	State		Zip Code
P. O. Box 113 999 Kensingto				on Rd	on Rd			Kensin	gton	СТ		06037
Business Phone	iness Phone Extension Fax Mo			bile Phone	Ei	mergency	Phone	e Email Address				
Contact Role(s):	Owner		"		-			1				

Please note the following:

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End of schedule

	Connectic	ut Departmer	nt of	Public	Heal	th D	rin	king V	Water S	Section	1	
	Wat	er Quality Mo	onit	oring ar	nd Co	omp	liar	ice Sc	hedule	9		
PWS ID	PWS Name					Classification Population Owner Type Prim						imary Source
CT0070204	SAFARI GOLF						NC		25	Р		GW
Local Address ((where applicable)			Service	Resid	dential	Con	nmercial	Industria	Combir	ned	Agricultural
2340 WILBUR (CROSS HIGHWAY			Connection	ıs			1				
Towns Served:	BERLIN						·			·		
		M	onit	oring Req	uiren	nent	S					
Water System	n Facility: DISTR	IBUTION SYSTEM (WSF I	D: 00600)								
Total Colifor	m (3100)								1 ו	routine (R	T) p	er quarter
Sampling	Point (Sampling Po	oint ID)			Moni	Monitoring Period Collection Per				iod Compliance Status		
Select from	m Inventory of Acti	ve Sampling Points			4/1/	19 - 6/3	30/19				Co	mplete
					7/1/	19 - 9/3	30/19					
-	ameters (PPS)									-		er quarter
	Point (Sampling Po				Monitoring Period				ection Peri	od Con	Compliance Status	
Select from	m Inventory of Acti	ve Sampling Points			4/1/19 - 6/30/19						Co	mplete
					7/1/:	19 - 9/3	30/19					
•	•	POINT (WSF ID: 0	0700)									
	Nitrite (NOX)										_	T) per year
	Point (Sampling Po	oint ID)							ection Peri	od Con	_	ance Status
ENTRY PO	DINT (3)					18 - 12/	-					mplete
				1/1/19 - 12/31/19 1/1/20 - 12/31/20				Complete				
		- 1	_	••		-)				
		Oth	er C	ompliand	e Sch	edul	es					
_	hedule Activity						Date		Achiev	ed Date		
SEASONAL STA	RT UP COMPLETIO	-					/2019					
		Public	Not	ification	Requ	irem	ent	5				
			С	ompliance	No	tice	Pι	ıblic Noti	<u>fication</u>	PN (Cert	<u>ification</u>
Violation/Situation			Period	T	ier	Req	uired	Performed	Due to D	РН	Received	
REVISED TOTAL	L COLIFORM RULE (RTCR)	5/6,	/18 - 5/17/18	3	3	6/18	/2019		6/28/20	19	
	,	Water System F	acili	ity and Sa	ampli	ng Po	oint	Invent	tory			
Water								Tota				
	ter System Facility		Point	Sampling Po				Colifo				Stage
Facility ID		ID .		Description			Stat		e Kule I	ier Asbest	105	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM		55444	DISTRIBUTION			A	Υ				
				WITHIN 5 SI			A					
00700 51:-	TOV DOINT	UPSTRE	AIVI	WITHIN 5 SI		CON	Α					
	RY POINT	3		ENTRY POIN	۱I		A					
20145 WEI	<u>LL</u>	2	_	WELL	- •		A					
				tact Info	rmati	on						
Name				rganization						Job Tit	le	
Mr. Tom Buko				afari Golf, Inc	•				Owner - Pr			
Mailing Addres		Mailing A	ddres	s Line Two					City	State	2	Zip Code
78 Wildwood L					_			Kensingto		СТ		06037
Business Pho		Fax	Mobi	le Phone	Emerge	ency Ph		Email Add	aress			

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860-828-8648

joycepb3@gmail.com

860-828-9800

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water Quarity	Monitoring and	a Gon	upi	iance c	ciicaai	C		
PWS ID	PWS Name			Classification		Population	Owner Type	Primary Source	
CT0070204	SAFARI GOLF			NC		25	Р	GW	
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combine	ed Agricultural	
2340 WILBUR	CROSS HIGHWAY	WAY Connections 1							
		·					•		

Towns Served: BERLIN

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End of schedule